

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A
PAYMENT ISSUE DATE: 6/27/2014

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	1,827,941.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,827,941.89
YTD Amount:	\$	35,288,217.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A
PAYMENT ISSUE DATE: 6/27/2014

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77
Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	6,921.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	6,921.54
YTD Amount:	\$	101,805.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A
PAYMENT ISSUE DATE: 6/27/2014

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	71,778.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	71,778.82
YTD Amount:	\$	1,060,894.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE CA

95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	297,216.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	297,216.07
YTD Amount:	\$	5,130,629.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	48,745.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	48,745.10
YTD Amount:	\$	837,497.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	31,486.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	31,486.23
YTD Amount:	\$	592,801.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	932,293.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	932,293.58
YTD Amount:	\$	17,946,857.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	52,365.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	52,365.86
YTD Amount:	\$	853,290.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA

95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	157,146.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	157,146.41
YTD Amount:	\$	2,840,027.85

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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PAYMENT ISSUE DATE: 6/27/2014

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	1,152,456.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,152,456.37
YTD Amount:	\$	22,016,612.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	46,821.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	46,821.31
YTD Amount:	\$	783,759.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	207,919.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	207,919.97
YTD Amount:	\$	4,277,305.10

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CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	251,770.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	251,770.78
YTD Amount:	\$	4,676,393.76

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA

93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	60,967.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	60,967.63
YTD Amount:	\$	1,038,902.40

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CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	783,021.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	783,021.38
YTD Amount:	\$	14,981,905.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	159,534.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	159,534.78
YTD Amount:	\$	2,668,405.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

LAKE COUNTY TREASURER

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	91,254.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	91,254.39
YTD Amount:	\$	1,383,739.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	67,050.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	67,050.83
YTD Amount:	\$	1,017,046.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	14,593,409.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	14,593,409.62
YTD Amount:	\$	282,257,965.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	150,399.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	150,399.99
YTD Amount:	\$	2,555,267.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	253,703.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	253,703.62
YTD Amount:	\$	5,087,924.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	29,447.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	29,447.52
YTD Amount:	\$	478,508.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	115,146.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	115,146.84
YTD Amount:	\$	1,833,899.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	268,917.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	268,917.00
YTD Amount:	\$	5,029,665.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA

96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	33,583.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	33,583.72
YTD Amount:	\$	538,477.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA

93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	75,456.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	75,456.05
YTD Amount:	\$	1,026,711.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	377,258.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	377,258.35
YTD Amount:	\$	7,269,336.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

NAPA COUNTY TREASURER

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	126,457.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	126,457.90
YTD Amount:	\$	2,335,634.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	88,766.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	88,766.16
YTD Amount:	\$	1,563,936.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	2,649,948.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,649,948.82
YTD Amount:	\$	48,832,257.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	166,116.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	166,116.52
YTD Amount:	\$	3,131,860.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	26,810.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	26,810.45
YTD Amount:	\$	554,542.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	1,474,513.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,474,513.86
YTD Amount:	\$	28,067,247.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	1,533,100.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,533,100.50
YTD Amount:	\$	29,105,719.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	56,153.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	56,153.73
YTD Amount:	\$	975,187.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	1,692,850.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,692,850.08
YTD Amount:	\$	31,564,614.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	3,048,441.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,048,441.18
YTD Amount:	\$	54,854,307.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	2,783,515.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,783,515.24
YTD Amount:	\$	53,834,199.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	659,315.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	659,315.16
YTD Amount:	\$	12,375,365.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA

93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	211,521.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	211,521.08
YTD Amount:	\$	4,064,102.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	649,625.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	649,625.29
YTD Amount:	\$	12,519,449.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA

93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	388,690.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	388,690.91
YTD Amount:	\$	7,483,071.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	1,566,933.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,566,933.04
YTD Amount:	\$	30,134,740.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA

95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	261,678.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	261,678.40
YTD Amount:	\$	5,061,292.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	232,775.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	232,775.24
YTD Amount:	\$	4,170,238.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	13,021.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	13,021.47
YTD Amount:	\$	196,990.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	76,028.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	76,028.32
YTD Amount:	\$	1,291,943.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	405,589.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	405,589.19
YTD Amount:	\$	6,675,548.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	449,611.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	449,611.97
YTD Amount:	\$	8,777,361.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	524,023.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	524,023.99
YTD Amount:	\$	9,975,729.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	121,697.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	121,697.37
YTD Amount:	\$	2,269,731.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	92,230.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	92,230.16
YTD Amount:	\$	1,630,148.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	57,250.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	57,250.18
YTD Amount:	\$	872,841.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

TULARE COUNTY TREASURER

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA

93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	479,509.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	479,509.05
YTD Amount:	\$	8,974,174.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA CA

95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	73,391.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	73,391.02
YTD Amount:	\$	1,283,851.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	611,287.56
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	611,287.56
YTD Amount:	\$	11,723,701.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	168,708.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	168,708.47
YTD Amount:	\$	3,229,483.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	110,767.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	110,767.62
YTD Amount:	\$	1,943,948.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	75,539.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	75,539.02
YTD Amount:	\$	1,170,880.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA

90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	342,732.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	342,732.74
YTD Amount:	\$	5,312,570.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300426A

PAYMENT ISSUE DATE: 6/27/2014

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 5/16/2014 TO: 6/15/2014

Total amount collected: \$43,477,477.77

Gross monthly apportionment: \$43,477,477.77

Gross Claim	\$	114,860.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	114,860.43
YTD Amount:	\$	1,780,982.14